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## BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Maricopa State Arizona Registered No. 315  
 District or Township Shaw Bend or Village \_\_\_\_\_ Ward \_\_\_\_\_  
 City Shaw Bend No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Ellen Viola Thompson  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married  
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of Thompson (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days IF LESS than day of mo. hrs. min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (city or town) Mississippi (State or country)

10. NAME OF FATHER William Ward

11. BIRTHPLACE OF FATHER Jefferson Co. Mo (city or town)

12. MAIDEN NAME OF MOTHER Elizabeth Adkinson

13. BIRTHPLACE OF MOTHER Jefferson Co. Mo (city or town)

14. Informant G. E. Harvey (Address)

15. Filed 1-22-31 Bessie Phelan Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, year) Jan 21 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930 to Jan 21, 1931 that I last saw her alive on Jan 20, 1931 and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH\* was as follows:

apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of \_\_\_\_\_

Was there an autopsy? ✓

What test confirmed diagnosis? History & Exam

(Signed) Clarence Stiles M. D.

Address 519 Broad Arizona

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Ariz

20. UNDERTAKER \_\_\_\_\_

DATE OF BURIAL

1-22-31

ADDRESS

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.